

THE RHODE ISLAND MEDICAL JOURNAL

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PRESIDENT'S ADDRESS

Providence Medical Association

DR. HENRY E. UTTER

The 96th year of the Providence Medical Society has passed into history. Nineteen hundred and forty-two has been a year when war has dominated the picture and one after another of our members has entered the armed forces until at the present moment 115 are serving their country at home or abroad in the common endeavor to subdue the enemy. We have all been much interested in their activities and travels of which our secretary has kept us informed. We on the home front have worked hard and when our men return, we trust that our own loyalty to them will be sufficient evidence to assure them as secure a place in our midst as that which they left when they joined the army or navy.

For the first time, this year we gave up the February meeting of our association to join with the Rhode Island Medical Society. This winter meeting will probably remain a regular feature. Also the June meeting was eliminated to permit co-operation with the state society. Members of this association during the year have been asked to meet with the Rhode Island Unemployment Compensation Board relative to the Cash Sickness Act; we have been asked to confer with state and city officials concerning the position of the Chapin Hospital in our community and we have been indeed gratified to know that this hospital with state aid is to remain under the administration of our city government. Our Society feels that in every respect in matters of state or city health, we have had the complete co-operation of Governor J. Howard McGrath and Mayor Dennis J. Roberts. We would like to express our thanks to them and we trust that our relations with our public officials will be as pleasant in the future as they have been in the past. Only by such

co-operation may we hope to reach a satisfactory solution of our many medical problems which we certainly face in the near future.

Your Executive Secretary has been busy throughout the year; his radio talks on "Health in the News" covered many pertinent topics and he has received just recognition for his work from many sources. He attended the meeting in Chicago of the Secretaries and Editors of State Societies and brought home with him a report which was printed in the *Providence Sunday Journal*. He has given much time to Civilian Defense and Assignment and Procurement. Mr. Farrell has distributed complete information about gas rationing. He has further worked with O.P.A. authorities and the plan adopted by the Providence Medical Association was copied in many other parts of the country. Cigarettes were sent to our members of the armed forces overseas and a printed Christmas message was mailed to all our members in the American forces. I wish here to express to him my personal thanks for his many kindnesses to me and for the many burdens he has taken from my shoulders; this has been to me a year of pleasure which was possible only through his inexhaustible energy and efforts. We are indeed fortunate in having Mr. John E. Farrell as the real executive head of our association.

I wish to express my thanks to the committees who have worked so tirelessly throughout the year. The Entertainment Committee directed a golf tournament in the spring which was a grand success and throughout the year this committee has furnished us with excellent repasts after our monthly meetings. Our committee on Tuberculosis has discussed and met the advancing problem of tuberculosis which can be only on the increase in such

times as these through which we are passing. The members of the Executive Committee have been faithful in their attendance at our meetings and have aided materially in solving the many questions of the year. I would like further to express my thanks to all the officers of the association and members of other committees. To Miss Dillon and her corps of District Nurses, we must also give recognition for their willingness to help in all matters relative to the work of our Association.

Particularly do I wish to thank the members of the Association who have given of their time and knowledge to contribute to our scientific programs. One joint meeting was held with the Children's Heart Association of Rhode Island and I think in the future we should follow the plan with other organizations interested in branches of medicine.

What lies ahead? Where does our medical profession fit into the picture? For the Providence Medical Association and for all county societies there remains and must be continued in perpetuity the function of keeping the local members of the society informed upon the advances in medicine; we must continue our medical meetings from year to year that our men may participate in the spreading of knowledge which is of benefit to mankind. Research workers the world over will continue their studies and new discoveries in the diagnosis and treatment of disease will be made. No form of government can stifle, regardless how hard it tries, the investigative initiative of individual workers; no social order, regardless of its strength, can keep us from learning of the findings of these men, and may we hope that no form of government or social order will make any attempt to eliminate the researches of medical men. Medicine is too finely ingrained into the very nature of men who accept this profession as their life work. It is strong drink to them. Our duty must be to present matters of interest in medicine, to sift out the good from the chaff and offer the same to the members of our society for their mental uplift.

The Rhode Island Medical Society must continue to strengthen its position as one of affluence in the medical problems of our state. We must recognize it as the parent organization, and it must guide the medical profession in this state. Each county society should be a subsidiary of the state association and

every medical man in the state should be a member of the Rhode Island Medical Society.

It is hoped that in the not too distant future some arrangement may be made whereby each physician may pay a single annual fee for membership in both the state and county societies. Our state organization should study each piece of legislation involving the practice of medicine and each member must accept his share of responsibility in offering aid in whatever health venture our state may decide to embark. No longer may we sit in our comfortable chairs of complacency and allow the law makers to guide our medical careers. The world about us is changing too rapidly and we must take our part in shaping its affairs lest we be lost in the midst of chaos from which we can extricate ourselves only with the greatest difficulty.

It is more than possible that we must actually run for offices in the state legislature and if not this then we must have a paid representative in the legislature who will keep a watchful eye upon all medical legislation, and he in turn must keep us informed upon these matters. This is not playing politics but merely sound good sense. Our own executive secretary has in the past kept his watchful eye upon such matters, and repeatedly informed the Providence Medical Association about these affairs. He is too busy at present for us to expect him to do this work, but even though we appoint some member of the legislature to do this for us, we all know that little will escape our secretary. Our state society must study every angle of the national and state social security program. The Rhode Island Medical Society is forging rapidly ahead and each member of our local association must pledge himself whole-heartedly to the furtherance of the policies of the parent organization. We can still remain the strong institution which we are, but we must share our fortune with the mother society. Our strength will be hers.

Socialized Medicine

In the world at large there is a social revolution shaping itself as the aftermath of the World War. We have in Germany, National Socialism; in Russia, Communism; in Italy, Fascism and in our own United States, the New Deal. Whatever their differences they have one thing in common, namely government control of the whole nation and to

some extent the resultant thwarting of the individual. Such a state of society cannot long persist. When any government loses sight of the fact that its strength lies only in the influence and effort of each individual as a component part of that nation, that government has lost favor even before its plan is formulated. History teaches us that no nation, great or small, in the past has been able to make its individual members subservient to the faction in power. Man was born to be free and any interference with his freedom can only bring dissension and strife. Dictatorships must all eventually fail and the citizens of any country who bestow upon any one man too much power sow the seeds of their own future unhappiness. And yet the man who wields the sceptre will continue to add to his power as long as his fellow citizens allow the process to continue. God in His infinite wisdom has so far given to no one man the personal power to dominate any one nation or the world. National unity is dependent upon the character of each citizen.

Social Security in anticipation of the future is a topic for discussion in one form or another in almost every nation on earth. Each country will have its own separate problems, but all plans do and in their ramifications will have certain common provisions. Medical care becomes involved in the process because social security is closely linked with the health of the nation.

Social Security manifests itself in:

1. Old Age Pensions
2. Cash Sickness Benefits
3. Unemployment Insurance

Plans are operative which involve one or two of the above regulations, but according to Sir William Beveridge only three countries, Poland, Bulgaria and New Zealand have so far made provision for all three risks. Several of our own states provide Old Age Pensions, most have laws relative to Unemployment Insurance and Rhode Island, as the first state in the Union, has passed a Cash Sickness Act, which becomes operative on April 1, 1943. The experiment in Rhode Island will be watched throughout the nation and other states will probably follow, with the possibility of a National Cash Sickness Act in the none too distant future. Labor is certain to dominate our politics in the years to come and their demands for Social Security will doubtless

be given first consideration. Should the triad mentioned be sufficient to insure the major part of our population against want in old age, sickness and unemployment dependent upon waves of national economic periods of depression and prosperity, it is possible that regimentation of our medical profession will stop beyond the point at which our services are required in the administration of the acts.

Social Security laws will make available many paid medical positions. These offices should be filled by qualified medical men for only by honesty and efficiency can the operation of any plan be successful. It is imperative that these men be appointed by Civil Service Examination. Political favoritism should have no place in filling these positions. These examinations should be conducted by the United States Public Health Service. A national board of examiners would have no reason to play politics, but no local unbiased board of examiners could possibly be found to conduct such examinations.

Even though the wants of the laboring class of people are cared for by National Health Insurance, there still remains a large number of the population who derive their income from other sources and private practice will continue in this group of citizens. Whatever plan is evolved to render medical care to those benefited by health insurance there will still be many of this class who will choose their own physician. The place of the private doctor will still be secure.

If, however, the plan of social insurance affects each citizen, and we all contribute, then complete regimentation of our profession will result. Our duties will be delegated to us by a central control agency, our patients will no longer have their choice of a physician and specialists will be allocated to the cases needing such service. Nation wide social insurance will permit of no other method unless as in the past, although we pay taxes for public education we may send our children to private or sectarian schools; we may pay taxes for old age benefits but this does not prevent us from purchasing an annuity from an insurance company for the same purpose, nor should the whole of our income be confiscated by the government in taxes; we still have recourse to a bank savings fund. Like-

wise, although we contribute to compulsory health insurance, it is indeed doubtful if our citizens will be denied the privilege of calling upon the physician of their own choice. Even if this were not permitted, it is doubtful if any of us would obey the law to the extent of not attending upon a friend who requested our medical assistance. If we do not heed the call, we no longer live in the land of the free and the home of the brave.

In our armed forces we are trying the experiment of impersonality in medicine. When a member of the medical staff in the Army or Navy is off duty, he is relieved of all responsibility in the care of a medical case. It will be interesting to note the reaction of these men upon their return. Their opinions should help in shaping the course of socialized medicine. The impersonality of socialized medicine may work in the Army, but when our wives and children are involved, I wonder how we as physicians will take to the idea of accepting in our homes the physician who happens to be on duty when perhaps we know all too well his personal qualifications for good or bad. It is doubtful if medicine in this country will ever be completely socialized. We are a race of immigrants perhaps several generations removed, but those who landed on the shores of Virginia and Massachusetts came here with a spirit of adventure in the quest of freedom, and those who came later were a restless group inspired with ambition to secure greater things offered by this country. This vital essence of independence exists in the soul of every American and it is questionable if this fire can be completely extinguished.

Whatever the future brings us we must study the trend and be prepared to join in whatever is right for the benefit of mankind. If socialized medicine is to be the cure for our ills, we must help the plan and give freely of our advice in matters pertaining to health. We have seen too many reforms which theoretically seemed perfect and yet which failed under operation. During the recent depression, we have seen our tax money used to employ men upon projects artificially created for their benefit. Little have these men appreciated what was done for them and little have they given in return. Their apparent desire has been to give not of their best but as little as possible. So with socialized medicine, there will be much unhappiness before a satisfactory

plan becomes operative. If universal national insurance is adopted, there will be a change in the type of man entering the profession of medicine. Members of our cult have for generations affiliated ourselves with medicine because we liked the independence, the opportunity to express our own ideas and practice the art according to our desires. Medicine is not a perfect science and any scheme which aims toward the regimentation of our profession will find itself confronted with the obstacle of overcoming what has always been a manifestation of the personal element of an individual asserting itself. Personality can never be regimented. Personality is made of a too intangible fibre.

Meantime we must not lose faith in ourselves. The individual will eventually reign supreme regardless of all social experiments. We must not forfeit our own individualities nor our power of insurgency. Truth and righteousness will prevail. In the words of the sage who has few peers, "To thine own self be true and it must follow as the night the day, thou canst not then be false to any man."

PROGRESS NOTES OF THE 48TH EVACUATION HOSPITAL

(THE RHODE ISLAND HOSPITAL UNIT)

CAPT. W. LESSEL LEET, *Historian*

The Staff of the Rhode Island Hospital was asked to create a tentative organization of officer and nurse personnel for an evacuation hospital unit of the army many months ago, but action did not begin to crystalize until the Pearl Harbor episode. After that, through the weeks and months, a hundred or so doctors and nurses had completed the then very slow process of qualifying for and receiving commissions in the Army of the United States. Included was a quartet of administrative officers from the staff of the Rhode Island Hospital Trust Company.

There was a brilliant party and send-off at the Agawam Hunt Club and the officers of the 48th Evacuation Hospital began active service on August 17, 1942 at Fort Devens, where two hundred enlisted men, already in a fair state of organization and training, awaited us. The nurses were to come later.

Devens Days

Officer training began at once. With the aid of several who had had longer service and previous experience, we began lifting ourselves by our boot straps. Training and toughening were the orders, so close order drill, hikes, marches with pack, calisthenics, and professional lectures filled our days. At odd times we secured equipment from the post exchange and from the quartermaster. A short two weeks of this and we were off for maneuvers. Before continuing, it may be well to explain and describe an evacuation hospital.

Evacuation Hospital

Ours is the larger type, a 750 bed affair, capable of expanding to a thousand bed capacity if need be. It is commanded by a colonel and staffed by fifty medical and administrative officers, fifty nurses and four hundred or so enlisted men of all grades. We can render nearly every service you could expect of a 750 bed hospital including medical, surgical, x-ray and laboratory. The hospital may be housed entirely in tents, but if possible it uses available buildings in part. The location should be out of enemy artillery range at least, and is as mobile as the situation requires, being able to pack up or set up in a half day if necessary.

Doctors' Dilemma

The training and organization of such a hospital is no slight task and it was with some concern that we faced our problems. Several factors favored our successful development. We were at war and business came before pleasure. The professional calibre of our officers and nurses was very high. Also, there had been considerable care exercised in their selection and, as a result, we had people of high character. Knowing each other as we did, knowing each other's abilities and attainments, was another advantage which gave us confidence. All of which made for good hospital organization. Harmony was a natural sequel and friction was at a minimum.

Likely Leaders

Lt. Col. William A. Mahoney assumed initial command of the organization and guided it through the early days of hospital organization in Tennessee. Lt. Col. C. L. Leedham, a regular army medical officer, took over at this point. His broad experience

and positive direction did much to foster our progress. Through leadership, tact, and patience he soon won the respect and esteem of all. It was with great satisfaction, late in December, that we saw his silver oak leaves replaced by the silver eagle of a full colonel.

Murfreesboro Memories

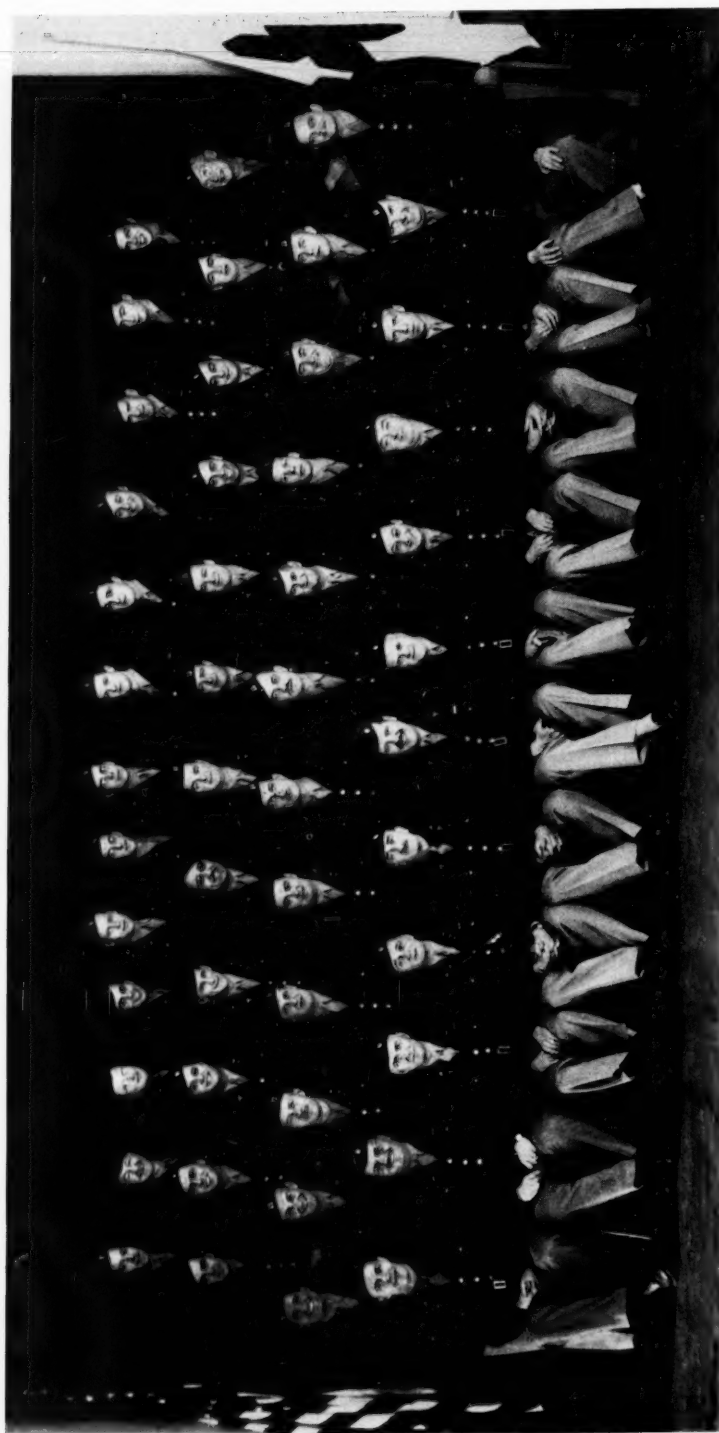
The 48th Evacuation Hospital, after only two weeks of active duty, was ordered to the field to take part in the Fall 2nd Army Maneuvers in Tennessee. We were to serve as a base field hospital. The medical set up, in simple language, was as follows. The sick and injured from the 50,000 or so troops taking part in these armored force maneuvers were treated on the spot, or if not promptly correctable, were sent to the rear to be treated by a medical battalion if not more than a five day affair, or sent on by ambulance to the evacuation hospital. The latter expected to return a man to duty within fifteen days or evacuate him to a station hospital farther in the rear. In this manner 2,233 patients passed through our hands during ten weeks.

Maneuvers may be sham battles for the combat troops, but for the medical forces they are the real thing. Mechanized forces, night problems, river crossings and the like all exact their toll. We received injuries in all degrees of severity together with sickness to be expected among 50,000 men in the field.

Nurses Notes

Our fifty nurses, already tried and true in civilian life, were eagerly awaiting their own activation which sent them to Fort Devens in September, while we were at the Tennessee maneuvers. They joined us in the field a little later, in time to receive patients with us.

The army has great respect for its medical service and this most certainly includes the nurses, who bear relative rank and, recently, equal pay with other officers of the army. All wear the gold bar of second lieutenant with the exception of the chief nurse, Miss Matilda Dykstra, who, as first lieutenant, wears bars of silver. They hike, drill and march with the best of us and, most of all, they try to be patient with those who call them "Waves" and "Waacs" because they are justly proud of being "Army nurses".



48th EVACUATION HOSPITAL

Reading left to right, first row: Major Frank B. Cutts, Major J. Merrill Gibson, Major Arthur E. Martin, Major Eric Stone, Lieut. Col. William A. Mahoney, Commanding Officer Col. Charles L. Leedham, Lieut. Col. Herman A. Lawson, Major A. J. Meister, Major Edward G. Melvin, Major J. Murray Beardsley, Capt. Sullivan.

Second row: Capt. I. E. Garber, Capt. Steiner, Capt. Edward R. Squier, Capt. Robert G. Murphy, Capt. W. Lessel Leet, Capt. Walter S. Jones, Capt. Frederick A. Webster, Capt. Samuel D. Clark, Capt. Francis Holland, Capt. Irving Beck, Capt. John S. Dziob.

Third row: Lieut. Hubert Holdsworth, Lieut. William J. H. Fischer, Capt. Vincent Zecchino, Capt. Henry G. Lutz, Capt. Edward Damarjian, Capt. George F. Conde, Capt. Grenniger, Capt. William W. Teahan, Lieut. D. Richard Baronian, Capt. Allen C. Hall.

Fourth row: Lieut. Milton Korb, Lieut. Keith H. Gaudley, Lieut. George A. King, Lieut. Palmer Congdon, Lieut. William W. White, Lieut. Thomas Perry, Lieut. Wilbur B. Manter, Lieut. John A. Dillon, Lieut. Sirols, Lieut. Chauvais.

Copies of this photograph may be secured from the Fort Devens Studio, 4 W. Main St., Ayer, Mass. The price of the picture is \$1.00, including packing and mailing.

Their duties are similar to those already learned, except that the army nurse, is, first of all, a supervisor of the enlisted war attendants and, secondly, she must strive to maintain her professional standards with greatly limited equipment. She is assisted, often times, by surprisingly proficient ward attendants and by convalescent patients who are required to serve the ward needs to the best of their ability. A successful nurse must secure the cooperation of enlisted and patient personnel.

Medical, surgical, and isolation wards are maintained and, of course, there are complete surgical teams and operating rooms. In the field, the latrines and mess halls are apart from the wards, the cots are low, and if the patients are able, they go to their meals.

Women's Wear

Any discussion of army nurses should include their clothes. In the fixed hospitals, they wear the conventional white with cap, but in the field, our girls wore dark blue slacks with light or dark blue shirts and no caps. It was something to see them flit about among the low canvas cots as they efficiently performed their duties. For the street, there is the dark blue coat and light blue skirt, the traditional two tone of the army, together with a pert overseas cap at just the right angle, and a navy blue overcoat with a detachable lining. A dark blue fatigue dress is as becoming as it is popular, as is also a beige summer uniform in which all the nurses shine! There is a subdued, dark red trimming on most of these garments together with the proper gold ornaments of rank and service. Hats and caps to match defy my descriptive powers, but they are all very attractive.

Train Transportation

It is worth while to hear of present day methods of troop movement. Not the least of the railroads' job is to transport millions of men about the country. Pullman sleeping cars are used as far as possible, two men to a lower and one to an upper, with day coaches used when necessary for non-preferred troop transfers.

A trip is well organized with a train and car commanders, soldier communications with the outside world are suspended, and previously assigned ac-

commodations are speedily occupied by the troops under full field equipment. During the trip, the men read, play cards, sing, sleep, converse, while their train, stopping rarely except for changing engines and for service, speeds to its secret destination.

Baggage cars are rigged as mess cars, field ranges are set up in great sand boxes and "chow" of the regular high quality comes three times a day. The troops arrive in good condition.

Freight is placed in freight cars and vehicles are mounted on flat cars. Thus we steamed out of Murfreesboro with the entire personnel and equipment of a 750 bed hospital in some twenty-five cars; two cars of officers, two of nurses, and several of enlisted men, freight cars, vehicle laden flat cars, and, of course a caboose.

Situation Successful

We felt pretty good when we packed up to leave Tennessee for our home station at Fort Devens. We were seasoned troops in the sense that we had successfully performed our mission in the field. Perhaps successfully is too modest because as soldiers we were getting by, but professionally we seemed to be regarded as tops. There was much evidence to support it and a great deal of praise came our way.

Food Facts

Food has been variable. For the most part, we have lived on the regular army rations which cost only sixty cents a day. As this is for the unprepared food as the army buys it, we get a lot more for our money than you would expect. Modern nutrition influences this army and dietitians play a part. We get lots of fresh fruit and many of the green leafy vegetables. The three meals are substantial and suited for workers.

In the field our kitchen must feed, not only a hospital personnel of 500, but all of the patients and, of course, there are meals for the night shift, too. Unlike the old army, beans are infrequent and there has been ample meat, coffee, and butter. Materials are excellent and the preparation varies with the skill and experience of the kitchen personnel. Thus far, too, post exchanges have always been near at hand with soft drinks, ice cream, etc., at very reasonable prices.

Troop Trains

Fort Devens is a reception center for selectees. The recruits remain the few days necessary to get outfits and are then forwarded on special trains, several hundred at a time, to another camp for basic training. Medical officers of the 48th were sent along on these trips from time to time as train surgeons. The latter and the train commander would be the only commissioned persons on the train. Several non-coms. including a mess sergeant would comprise the only experienced soldiers, the several hundred others being raw recruits. Generally speaking, soldiers were delivered safely and well to all parts of the United States while our officers enjoyed and profited by the experience. Many nurses too had the opportunity to accompany the wounded from foreign service in a hospital train.

Rippling Rumors

Rumors play a large and unimportant part in our lives. Chiefly, they deal with our time of departure and our destination from wherever we are, that is, to Fort Devens, to maneuvers, from maneuvers, etc., etc. An October issue of mosquito nets satisfied many that we were destined for the tropics, probably North Africa. The next day we were given overshoes, a desire of the supply department to clear a space seemed to be the correct explanation. All parts of the Atlantic, Pacific, Indian and Arctic oceans have received serious rumor consideration. Only the Antarctic has been neglected. Apparently a change in the War Department's plans kept us from the North Africa affair last October, but we didn't hear of this possibility, even by rumor, until long afterward.

Service Shots

Each of us now has been vaccinated or inoculated for smallpox, tetanus, typhoid and paratyphoid A & B, cholera, and typhus. Local soreness is common, occasionally there are reactions, rarely severe and generally, except for the smallpox, over in a day or two. As a medical outfit, we inoculate ourselves, and others as the demands arise.

Army Amenities

Our beds have not always had springs, we have lived under many restrictions, calisthenics were compulsory, sanitary facilities sometimes at a dis-

tance, but there was much to console us. Most of the increasing burdens of the civilian were not for us. We ate very well, considering, with evidently more meat, eggs, and butter than the civilians. There was time for pleasure, too. Doctors and nurses had weekly dances in Tennessee and weekends in Nashville were not rare. In the West, we got to Riverside and Hollywood. We have lived in the deep South and the far West; we saw the cotton fields and southern negroes, the Rocky Mountains and the plains and deserts. We got around a lot! We have been fortunate too in that our program has moved along briskly with hardly a dull moment. Our morale is high and our outfit has been envied by many.

Devens Departure

After a fine day trip on the train via Atlanta, Georgia, we were back at our home station, Fort Devens, for further training. Hospital assignments at Lovell General and New Station filled our mornings, while drills, hikes, marches, gas drills and lectures for officers and nurses occupied our afternoons. Some went to Rhode Island Hospital, Massachusetts General, Boston City, and Walter Reed for special work while others were at service schools at Carlisle and elsewhere.

Suddenly, at the end of December, all these were summoned back, leaves were cancelled, passes were brief. The 48th was "On Alert", supposedly for foreign duty. On January 6, 1943, we boarded the train for our secret destination.

En Route via West Coast
January 17, 1943

POSTERIOR ROOT SECTION FOR ATHETOSIS

Thirty-two Year Report

LUCIUS C. KINGMAN

CASE OF R. H.

Seen professionally in July 1909. Had been known to me for twenty years.

Had a so-called birth injury. The left arm was never normal in size or function. As a small boy he had some spasmodic movement of this arm so that his fingers would scratch his chest and he acquired the nickname of "foolish". From about 1885

to 1906 had no spasmodic movements. He graduated from Manual Training High School in 1898. After that he was employed in various semi-skilled mechanical jobs. He could use tools but had to place the tool in the left hand with his right when it then could be grasped. He could not pick it up with his left. His speed of work was from $1/3$ to $1/10$ normal.

In 1906 he again began to have spasmodic flexions and rotations of the left upper extremity. This increased during the next three years so that he could not work, was unwilling to go out before dark because the boys followed him and he finally spent his days in bed lying on the arm to keep it quiet. He then came under the care of the late Dr. William MacDonald who, following the suggestion of Dr. Spiller, advised posterior root section.

This I did in July 1909. The left posterior roots of the 4, 5, 6, 7, and 8 cervical and 1st dorsal were cut. Following operation there was some spasm of left arm and left pectorals for a few days. At the end of a month there was no spasm but some associated movements when right arm was moved. He could grasp objects but only by sight, was helpful about the house and going out of doors. At the end of three months he began a clerical job. In 1911 he moved from Providence and out of my observation to take a position as time-keeper in a mill which job he held until 1926 when discharged on the bankruptcy of the company. No regular employment since though not on account of arm disability.

He was married in 1922. In 1926 he received a compound fracture of the left forearm. This was painless. There was solid union but with an angular deformity. He developed a large scrotal hernia which was a factor in keeping him from employment.

While on a visit to Providence was examined by me on June 17, 1941.

Male—63—

He is mentally alert and well adjusted to his disability. He can dress himself. The whole left upper extremity sweats easily and at times has sensation of cold. Occasionally the forearm moves unconsciously to right angle flexion. If nervous or in a hurry he may get slight twisting contracture with crossing of the fingers. He knows vaguely the position of the arm with his eyes closed; by sight can put hand within few inches of designated spot; can oppose thumb and first three fingers and grasp

objects but by sight only. There is complete asterognosis of the left upper extremity. There is slight scuffing of left foot. The left humerus is $1\frac{1}{2}$ " shorter than the right. The left lower extremity is 1" shorter than right. Reflexes are absent in left upper extremity, normal elsewhere. Superficial tactile sense, perception of heat and cold and tuning fork sensation are absent in left upper extremity. Deep sensation present but diminished. He is pleased with the result.

COMBINED MEETING OF MEDICAL SOCIETIES

The Providence Medical Association and the Rhode Island Medical Society held a combined meeting at the Medical Library on the evening of Feb. 4. Dr. Emery M. Porter, President of the Association, opened a short business meeting and on the recommendation of the Executive Committee the following motions were passed.

1. "That the Association recommend that the Providence Health Department employ an additional full-time sanitary inspector to accelerate the inspection and the improvement of sanitary conditions of all eating and drinking establishments in the city of Providence."

2. "That the Executive Secretary prepare a suitable postcard to be mailed to each member for return to the executive office upon which the member might indicate his willingness, or not, to answer emergency calls directed to the telephone company, the police department, and similar agencies."

Dr. Porter then turned the meeting over to Dr. Chas. F. Gormly, President of the State Society, who felicitously observed that one had to be a president to qualify for an appearance on this program and the following program was presented.

Dr. Herman C. Pitts, President of the American Society for the Control of Cancer, spoke on "The Rhode Island Cash Sickness Act".

Dr. James C. McCann, President of the Massachusetts Medical Service, spoke on "Prepaid Medical Care and the National Outlook".

Dr. James E. Paullin, President-elect of the American Medical Association and President of the American College of Physicians, spoke on "The Contribution of the Physician in the Present Crisis".

The new Constitution and By-Laws as presented to the House of Delegates was adopted by the meeting.



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PETER PINEO CHASE, M.D., *Managing Editor*
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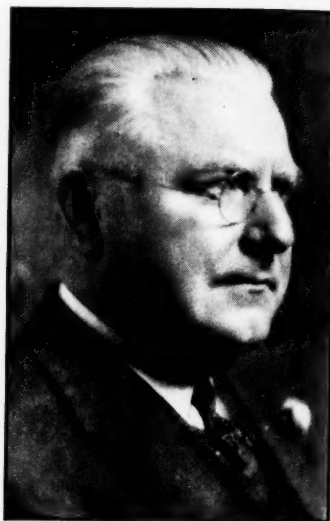
THIS IS OUR PRESIDENT

It would never do to have an electrotype of Dr. Charles F. Gormly unavailable for immediate use in the *MEDICAL JOURNAL*. Activities at Tufts, in the Medical Societies or among the Dental men have kept it pretty frequently in use.

He is the ideal presiding officer as all will agree who have watched him do this at medical meetings or at the fine Medical Grand Rounds on Saturday mornings at the Rhode Island Hospital. His Gay lecture at Tufts last year was a delightfully straightforward and inspiring address.

And so his friends and associates in the Rhode Island Medical Society feel happy over the testimonial dinner with the presentation of award and scroll that Dr. Gormly has received from the Rhode Island State Dental Society.

Congratulations to the Dental Society for their well considered action.



CHARLES F. GORMLY, M.D.

DATE AND PLACE OF BIRTH: February 2, 1886, Providence, Rhode Island.

GRADUATE OF: English High School, Providence, Rhode Island.
Tufts Medical School, Boston, Mass., 1909.

POST-GRADUATE WORK: London, England and Vienna, Austria.

INTERNSHIP: Boston City Hospital, 1907-10.

HOSPITAL STAFF: Rhode Island, Butler, Miriam, Providence Lying-In and Charles V. Chapin Hospitals.

MILITARY RECORD: English Army, 1916-17; American Army, 1917-19 AEF.
Medical Reserve Lieut.-Colonel.

SOCIETY MEMBERSHIPS: Rhode Island Medical Society, Providence Medical Association, American Medical Association, New England Heart Association and the American College of Physicians.

PAST PRESIDENT OF: Providence Medical Association, 1934-35.

PRESIDENT OF: Rhode Island Medical Society.

PHYSICIAN-IN-CHIEF: Rhode Island Hospital.

AUTHOR OF: "The Measure of a Physician's Greatness," a George W. Gay Lecture on Medical Ethics, presented at Tufts College Medical School, March 13, 1941.

TESTIMONIAL DINNER

tendered by the
RHODE ISLAND DENTAL SOCIETY

to
CHARLES FRANCIS GORMLY, M.D.

Doctor of Medicine, President of the Rhode Island Medical Society, Fellow of the American College of Physicians

GREETINGS:

The Rhode Island State Dental Society grants to you this day the medal of award and citation of the Society.

The grant was decided because of your devotion to obligation and duty; because of your dynamic energies that allowed nothing to interfere with your desire to always serve those who asked your services.

We have noted that it made little difference to you whether the call came from the private patient or whether it came from the ward in a hospital.

The Rhode Island State Dental Society has recognized your leadership, your ability in education and your fostering spirit that gave many interns courage to venture forth into the practice of medicine.

Beyond this also your fatherly care has watched over them, ever willing to lift them up and spur them on. When necessary you knew when to be sympathetic and when to be severe.

We honor you because you have been ever ready to fight to preserve the principles of the Profession you love so much: Medicine.

We honor you, Doctor Gormly, because you have honored Dentistry. You have helped us by your wisdom freely given. We greatly appreciate your accomplishments in the field of medico-dental and legal associations. We honor you because of your friendship.

THE RHODE ISLAND STATE DENTAL SOCIETY

Thomas W. Clune, D.M.D., *President*

Charles F. McKivergan, D.M.D., *Secretary*

January 27, 1943

RHODE ISLAND MEDICAL SOCIETY

House of Delegates—January 21, 1943

The secretary read the report of the Public Health Committee, Doctor Pitts, Chairman, and it was accepted and placed on file.

The report of the Committee on Commercial Exhibits at the Annual Meeting, Doctor Bradley, Chairman, was read by the secretary and accepted and placed on file. It was voted that the By-Laws requiring a two-day meeting be suspended and that the length and time of the meeting be left to the judgment of the Officers.

It was voted not to send delegates to other State Society meetings this year.

By vote of the meeting, Doctor Brackett was nominated as the Rhode Island Medical Society member of the Board of Directors of the Hospital Service Corporation.

Doctor Hammond, the Chairman, presented the report of the Committee on Constitutional Revision. It was voted that the Rules and By-Laws as recommended by this committee be accepted by the House of Delegates and recommended to the General Session for adoption. A rising vote of thanks was given to Doctor Hammond and his committee for completing a very arduous piece of work.

Doctor Burgess, the Chairman, presented the report of the Committee on an Executive Secretary. It was voted that the recommendations of this committee be adopted, including the employment of an Executive Secretary. It was voted that the following recommendation of the Council be adopted: "That the Council recommend to the House of Delegates that a War Tax of \$15.00, payable July 1, 1943, be assessed on the active membership not in the armed forces."

**REPORT OF THE COMMITTEE ON PROBLEMS
ARISING OUT OF ANY SHORTAGE OF
PHYSICIANS IN RHODE ISLAND**

Several meetings of the committee have been held, also the committee has been represented in joint meetings with the Rhode Island Procurement and Assignment Committee and at meetings of the Council of the Rhode Island Medical Society.

A report of the committee was read at the meeting of the House of Delegates held September 17,

1942. This report was printed in the November number of the R. I. MEDICAL JOURNAL.

Since that time the committee has kept informed on conditions in Rhode Island; also one of the members of the committee, by request, gave a radio talk over station WPRO on December 20, 1942, with the thought in mind of keeping the public informed relative to doctors and the home front. In this radio talk various suggestions were made in the interest of co-operation between the civilian population and the doctors remaining in active practice here.

It is felt by the committee that no acute shortage of doctors now exists in Rhode Island, and that there is now no serious medical emergency here in Rhode Island.

Respectfully submitted,

ELIHU S. WING, *Chairman*

**REPORT OF THE
COMMITTEE ON CONSTITUTIONAL REVISION**
*To the House of Delegates of the Rhode Island
Medical Society:*

The Committee appointed to revise the Rules and By-Laws of the Rhode Island Medical Society has completed its task, and submits herewith a revision of the instrument which is the supreme law of the Society. The assignment has involved a long and painstaking study of the present Rules and By-Laws together with an examination of the constitutions of most of the other state Medical Societies. We also wish to acknowledge the efficient assistance given by the Bureau of Legal Medicine and Legislation of the American Medical Association in submitting a tentative draft of these Rules and By-Laws, and in advancing sound arguments in support of many of the changes which have been incorporated into this document.

In the draft as submitted, the Rules and By-Laws have been enlarged and are displayed in an orderly arrangement with a table of contents and each Article and Section properly entitled to present the subject matter contained therein. The charter has been corrected so that it is an accurate reproduction of the original document on file in the State House in Providence. These Rules and By-Laws conform to the standards required by the American Medical Association without sacrificing the essence of the old text; nor do they surrender the independence, nor impair the traditions of this ancient and honorable society.

The Committee wishes to call your attention to certain specific changes in this draft of the Rules and By-Laws:

ARTICLE III—MEMBERSHIP. Members of component district societies may become Fellows of the Rhode Island Medical Society (1) by paying annual dues directly to the Treasurer of the Society; or (2) the Treasurer of the component district society may forward the dues of members to the Treasurer of the Rhode Island Medical Society. In this way each member of a component district society may become a Fellow of the Rhode Island Medical Society, or, as we hope, each component district society will vote to adopt the second form of procedure, so that all members of component district societies will automatically become Fellows of the Rhode Island Medical Society upon payment of the required annual dues.

ARTICLE V—OFFICERS. The change in this Article is in line with the custom prevailing in many similar organizations. The First Vice-President is entitled President-Elect and the Second Vice-President is designated as the Vice-President. By this procedure the President-Elect is given one year to become initiated into the duties and responsibilities of the presiding officer and to formulate his policies for the ensuing year. The Vice-President will assist the President and officiate during the absence of the President.

ARTICLE VI—HOUSE OF DELEGATES. The membership of this body has been changed so that members of the Council are not automatically members of the House of Delegates, except in the case of the five principal officers of the Society. By this procedure the House of Delegates, as the supreme legislative body of the Society, is composed of delegates elected by the component district societies.

ARTICLE VII—THE COUNCIL. This body has been designed to act as the Executive Committee of the House of Delegates with a smaller membership than at present. Meetings are to be held six times a year. The Council may employ an Executive Secretary if so authorized by the House of Delegates. Such a policy would result in a healthy increase in the activities of the Society and provide useful service to the Fellows. If the suggestions proposed in Article III with respect to an increase in membership of the Society are adopted, it is highly probable that this desirable ambition may be realized.

ARTICLE X—STANDING COMMITTEES. The alterations suggested in this Article conform with

changing conditions in the medical profession. The Committee on Legislation, State and National, has been designated as the Committee on Public Laws, and the Committee on Education, State and National, as the Committee on Medical Education. The Committee on Necrology has been dropped since its functions are more easily performed by the Secretary. The office of Curator has been eliminated since he has no duties. Two new Committees have been proposed, one on Medical Economics and one on Industrial Health.

Respectfully submitted,

HERMAN A. LAWSON (in absentia)

HARRY C. MESSINGER

WILLIAM P. BUFFUM, *Secretary*

ROLAND HAMMOND, *Chairman*

REPORT OF COMMITTEE ON EXECUTIVE SECRETARY

Introduction

1. The need for an Executive Secretary for the Rhode Island Medical Society is obvious to anyone who is at all familiar with the work that a state society does and should do. For many years it has been evident that the Secretary, always a practising physician from our own ranks, has been grossly overburdened with the routine work of his office. Merely to accomplish this routine has meant great personal sacrifice on the part of our secretaries in the past. Any failure to carry on the work of the Society along the progressive and helpful lines that would make our organization of maximum value to all the physicians of the state has been due, not to any lack of willingness or of progressive ideas on the part of our secretaries but to a lack of *time*.

In particular the need for extending the work of the organization throughout the state, and of keeping close touch with all the district societies could never be met. The presence of an able Executive Secretary, as well as taking up the burden of the routine, would extend the work immediately to all the physicians of Rhode Island and thus bring the full benefits of membership in the Society to all. In addition a secretary would keep a careful check on proposed and pending legislation relating to matters medical, matters in which the whole profession has a personal stake and interest.

For still another reason an able paid executive is especially desirable at this time. It is obvious to everyone that the national and world situation at

the end of the war or even earlier will involve, indeed we may really say in involving, far reaching plans for changes in our social structure that directly impinge on the private practice of medicine. This is the time, par excellence, when the profession should be able to present its strongest front, when its organization and its ability to express and support its views should be sound and well developed. In the integration, development and expression of the ideas and desires of the physicians of the state and in maintaining constant touch with local and national affairs in these crucial times an executive secretary is certainly an essential.

The advantages of such an executive have been amply demonstrated in the past five years by the experience of the Providence Medical Association. Through the efforts of Mr. John Farrell, this district society has increased its value many times over—both to its own members and to the community. In addition to this through Mr. Farrell's efforts the Providence Association has accomplished many things on behalf of the State Society—things which, because of a lack of a secretary of its own, the State Society must otherwise have left undone.

In this connection Mr. Farrell has, at the request of this Committee, prepared the appended list of the activities that he has carried on for the State Society. (See Appendix A.)

The present situation, your Committee believes, is an anomalous one. In order properly to discharge its function, we believe the Rhode Island Medical Society should, through an executive officer of its own, carry on all the various phases of its work. Its executive office should maintain close touch with all its members through the district societies and thus bring an equal share of its benefits to its entire membership throughout the state.

With the above considerations in mind your Committee presents the following recommendations:

1. That the Rhode Island Medical Society employ an Executive Secretary.
2. That with the consent of the Providence Medical Association the position be offered to Mr. Farrell, Executive Secretary of the Providence Medical Association, according to the following plan: Mr. Farrell to serve as Executive Secretary of both organizations with the following division of his services: 70% to Rhode Island Medical Society, 30% to Providence Medical Association.

(a) A discussion of Mr. Farrell's qualifications for this position is really superfluous as is well known to the entire profession of this state. Mr. Farrell has, in the short time in which he has served the Providence Association, developed the work of the Association along so many lines that it would take a long time to recite them all. Suffice it to say that he has become one of the best known Executive Secretaries in the East and a leader in his field of work.

3. Salary. That the Rhode Island Medical Society offer Mr. Farrell \$3500 and suggest to the Providence Medical Association that it pay Mr. Farrell according to the same scale, i.e. \$1500, making a total salary of \$5000 from the two organizations (if accepted by the Providence Medical Association).

(a) As has been suggested Mr. Farrell has already achieved great success in his work as Executive Secretary of the Providence Medical Association and it is not an overstatement to say that he has become very widely known and appreciated throughout the country. It is quite in line with natural course of events that he will be given opportunities for a broader field of work at a much higher salary than he is now receiving. In other words, to put it perfectly plainly, if we wish to keep John Farrell in Rhode Island we must, before others do it, give him a broader field of work and a higher salary or in the normal course of events he will go where he is more appreciated.

4. Further expenses. That reasonable additional funds be made available for the use of the Executive Secretary in employing necessary secretarial assistance and for travelling expenses in line of duty.

5. Additional income to finance the above recommendations.

(1) That the annual dues be raised from \$10 to \$20 a year.

(2) That a \$5.00 additional wartime assessment be made against each member to compensate for the loss of income resulting from the absence of those who are in the armed forces.

(a) A tentative picture of the finances of the Rhode Island Medical Society with the suggested advance in dues is appended and shows that an ample balance will result which will cover the estimated cost of maintaining the executive office as planned. (See Appendix B.)

Resolution

In view of the foregoing your Committee begs to present the following resolution:

Resolved, That the House of Delegates of the Rhode Island Medical Society approve the foregoing recommendations and present them for adoption to the next meeting of the Society.

Respectfully submitted,

EMERY M. PORTER
WILLIAM S. STREKER
JOHN PAUL JONES
JOHN F. KENNEY
ALEX M. BURGESS, *Chairman*

REPORT OF THE COMMITTEE ON COMMERCIAL EXHIBITS

Negotiations with prospective exhibitors at the 1942 annual meeting were undertaken as usual during the month of January preceding the June meeting, and all available space was sold out early in March. The exhibits this year were set up in the basement of the Medical Society Building which greatly facilitated the physical operation of the Committee on Exhibits and also enabled the usual activities of the Medical Library to continue uninterrupted up to and throughout the meeting. Thirteen commercial firms were represented in the exhibits, and all exhibitors seemed unusually well pleased with the new arrangements for their displays. From contributions made to the Society by commercial exhibitors, the sum of \$202.36 was turned over to the Treasurer after deducting all expenses involved in arranging and staging the displays.

As far as could be determined, transportation difficulties and other complications resulting from the fact that the nation was at war did not interfere with the commercial exhibits for 1942. The Committee wishes to call to the attention of the Society that the work of this Committee must be started at least six months prior to the scheduled meeting, at which time definite plans as to the time and place of the annual meeting and the exact location of exhibit space must be known. It should also be pointed out that this Committee has for the past several years been able to turn over to the Treasurer of the Society the cash profits of between \$200.00 and \$500.00 annually from contributions from exhibitors, and that in normal times were a great deal more space available for exhibits than is the case in the Medical Library a much greater income to the Society might be realized from this source.

Respectfully submitted,

CHARLES BRADLEY, M.D., *Chairman*
Committee on Exhibits 1942 Annual Meeting